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SIPDIS

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SENSITIVE

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TAGS: AMED AMGT ASEC CASC CMGT

SUBJECT: AVIAN INFLUENZA: EMBASSY ANKARA RESPONSE AND TRIPWIRES

REF: A) ANKARA 06232
B) ANKARA 06431
C) HANOI 02430
D) JAKARTA 09024
E) EMAIL TRIPLETT/MED FS 10/20/05- HANOI TRIPWIRES
F) ANKARA 06481
G) STATE 181885

¶1. (SBU) Summary: Since the emergence of Avian Influenza (AI) in Turkey in October 2005, Mission Ankara has taken steps to assess and deal with the possible risk to Mission Employees and American citizens living in Turkey. As a contingency planning exercise, we have also developed tripwires as a response to the evolution of the AI situation in Southeast Asia, Central Asia, and Europe. We invite and welcome feedback from relevant offices and agencies with expertise in emergency planning and/or Avian Influenza. Assumptions and tripwires follow in paragraphs 5, 6 & 7.
End Summary.

Background

¶2. (U) After the announcement of AI in Turkey on October 9, 2005 (Ref A), the Mission EAC met on October 11, 2005. A small working group was established (ADCM, MGT, MED, FAS, CONS, ECON, PA, RSO, CLO) to follow developments of Avian Influenza in the region, and prepare the Mission's response to this pandemic threat. Per references A & B, an outbreak of H5N1 avian influenza (same strain as found in East Asia) was confirmed in western Turkey. The area around the outbreak was quarantined, domestic and wild fowl culled, and a limited number of poultry worker placed under precautionary observation. There have been no reported human cases of H5N1 influenza in Turkey. There have been no new AI outbreaks in Turkey. The GOT is currently seeking international assistance to increase their virology laboratory capacity, expertise in Avian Influenza, and monitoring/reporting systems for reportable diseases.

¶3. (U) The Mission has no independent monitoring assets in Turkey, and is reliant on private industry and Ministry of Health (MOH) and Ministry of Agriculture and Rural Affairs (MARA) reporting. To date the GOT and private sector have been cooperative; however, their ability to monitor and test in case of a larger, multi-location outbreak is in question.

¶4. (SBU) Mission Turkey is using the experience of South East Asian posts as a guide. FAS is sending regular reports to Washington. CONS has issued a Warden Notice, and updated the Mission website. ECON, FAS, and MED in Ankara are developing and maintaining close contact with sources (WHO, MOH, MARA) on new developments. The Mission has started preparations to counter the risk of a potential AI outbreak. Post Management has started informal discussions with counterparts at friendly missions. Post secured 270 5-day courses of Tamiflu locally, currently set aside for use as treatment (not prophylaxis) in the event of an outbreak. As no further Tamiflu supplies are available locally, post is waiting for additional supplies of Tamiflu from MED/Washington - expected in January 2006 (Ref G). Post has N-95 masks, gloves, and goggles in stock for medical providers. Electronic thermometers, coveralls and additional gloves, goggles, and masks are on order. As part of its annual cold/flu prevention campaign, post is encouraging staff to wash their hands frequently, including the use of alcohol hand gels. Personnel have been encouraged to review their personal contingency plans and to continue to maintain a 3 day supply of food and water as already recommended for earthquake planning.

Tripwires -- Assumptions

¶5. (SBU) The working group met on October 25, 2005 to discuss the tripwires outlined in this cable.

¶6. The following assumptions were made for planning purposes:

-- The risk to USG personnel is currently low. Transmissibility and pathogenicity are unknown variables at this time, and are contingent risks if H5N1 begins to transmit actively between humans. Risk would be manageable if human-to-human transmission occurred only in cases of extensive intimate contact. Transmission by casual human-to-human contact could change the local and global situation very quickly, requiring rapid action to protect our personnel and American citizens in Turkey.

-- Turkish private, military, and university-based government medical facilities in large urban areas are equipped to provide care to a limited number of AI cases (negative pressure isolation rooms, ventilators, and trained medical staff). However, the quality of nursing services can be low, and the number of beds limited. In the event of widespread human-to-human transmission of a highly pathogenic AI strain, the Turkish medical system would quickly become overwhelmed.

-- Depending on the speed of a human-to-human outbreak, U.S. citizens could be cut off from air evacuation routes.

-- Mission would not be able to obtain essential supplies in the event of a crisis and therefore should stockpile adequate supplies for the duration.

-- The efficacy of Tamiflu and other anti-viral medications in the treatment and prophylaxis of H5N1 influenza is unknown at this time. Animal models suggest Tamiflu might be helpful, however at this time there is at least one human case of documented resistance.

Tripwires and Possible Actions

17. The Charg d'Affaires has approved the following four tripwires and possible associated actions:

Tripwire 1: Recurrence of AI in fowl in Turkey.

Possible Actions:

- a. Consider release of warden message to Mission personnel and American citizens.
- b. Offer additional USG assistance to GOT if needed.
- c. Provide detailed briefing to Embassy/Consulate staff.

Tripwire 2: Occurrence and broadening geographic spread of animal-to-human transmission cases in Turkey indicating an increase in the transmissibility of the virus and/or causing a serious strain on local medical facilities.

Possible Actions:

- a. Consider restriction of official and/or unofficial travel to rural areas and wet markets.
- b. Consider release of public announcement to Mission personnel and American citizens through the warden system.
- c. Provide detailed briefing to Embassy/Consulate staff.
- d. Conduct Town Hall meetings for American citizens.

Tripwire 3: Sustained human-to-human transmission, as evidenced by a cluster of cases (office, apartment building, etc.) in an urban area of South East Asia or other regions. This is particularly significant if there are multiple, geographically diverse clusters, or a cluster occurs in a major transit hub.

Possible Actions:

- a. Consider authorized departure of U.S. family members and non-emergency personnel.
- b. Institute screening practices for all visitors to USG facilities.
- c. Mandatory sick leave for any employee who shows any flu symptoms or has a family member with flu symptoms.
Monitoring by MED Unit.
- d. Consider request to Department to issue Travel Warning.

Tripwire 4: Sustained human-to-human transmission, as evidenced by a cluster of cases (office, apartment building, etc.) in Turkey. This is particularly significant if there are multiple, geographically diverse clusters, or a cluster occurs in an urban area and/or is not safely isolated.

Possible Actions:

- a. Consider reduction of services to emergencies only.
- b. Consider ordered departure. Consider administrative leave for non-emergency LES.
- c. Mandatory sick leave for any employee who shows any flu symptoms or has a family member with flu symptoms.
Monitoring by MED Unit.
- d. Screening of all visitors and use of protective gear as needed for personnel interacting with the public.
- e. If supplies sufficient, prophylactic use of Tamiflu by

minimal U.S. and LES staff remaining on the job.
f. Travel Warning to the American public.

Alternative Tripwire: A Mission employee develops Avian Influenza, in the absence of a broader outbreak per tripwires 2, 3, or 4 above.

Possible Actions:

- a. Treat the victim. Medevac if possible.
- b. Disinfect office.
- c. Administer Tamiflu to close contacts.

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